Fill	in this information	to identify your cas	se:								
De	btor 1	Mawiyah Ba	wa			_					
	btor 2 ouse, if filing)	· · · · · · · · · · · · · · · · · · ·				_					
Un	ited States Bankrup	otcy Court for the:	EASTERN DISTRICT PHILADELPHIA DIVIS		NIA,						
Case number (If known) 2:20-bk-11248						Check if this is:  An amended filing  A supplement showing postpetition chapter 13 income as of the following date:					
0	fficial Form	1061					_	IM / DD/ Y		ing date.	
S	chedule I:	Your Inco	me				101	IIVI / DD/ I			12/15
sup spo atta	plying correct info buse. If you are sep ich a separate shee	ormation. If you a parated and your	ole. If two married peop re married and not filin spouse is not filing wit n the top of any additio	g jointly, and you h you, do not incl	r spouse is ude informa	living	with year	ou, includ our spou	de informat se. If more	tion about y space is ne	our eeded,
1.	Fill in your empl	loyment		Debtor 1				Debtor 2	or non-fili	ing spouse	
	If you have more t	ate page with out additional me, seasonal, or	Employment status	Employed			☐ Employed				
	information about			☐ Not employe	d	☐ Not employed					
	employers.		Occupation	Opportunity :							
	self-employed wo		Employer's name	Childfirst Ser	vices Inc.						
	Occupation may in homemaker, if it a		Employer's address	2085 N 63rd S Philadelphia,		-267	5	y v			
			How long employed th	nere? 2 mo	nths			ř			
Pai	rt 2: Give De	tails About Mont	hly Income						-		
	mate monthly inco		e you file this form. If yo	ou have nothing to	report for any	y line, v	write \$0	in the spa	ace. Include	your non-fili	ng spouse
	ou or your non-filing s ce, attach a separate		than one employer, comb ı.	oine the information	for all emplo	oyers f	or that p	erson on t	the lines be	low. If you ne	eed more
						F	or Deb	tor 1	For Deb	tor 2 or ig spouse	
2.			, <b>and commissions</b> (bef culate what the monthly v		2.	\$_	1,	433.47	\$	N/A	
3.	Estimate and list	t monthly overtim	ne pay.		3.	+\$ _	4,0	085.38	+\$	N/A	
4.	Calculate gross	Income. Add line	2 + line 3.		4.	\$_	5,51	8.85	\$	N/A	

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Deb	otor 1	Bawa, Mawiyah	v* -				Case	e number (if known)	_2	2:20-bk-1	1248	
	Сор	y line 4 here			4	1.	Fo \$	r Debtor 1 5,518.85		For Debtornon-filing		
5.	List	all payroll deductions	s:				_		-			-
0.	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Mandatory contribut Voluntary contribut	Social Security dedutions for retirement plants for retirement parts of retirement fundabligations	plans plans	5 5 5	5a. 5b. 5c. 5d. 5e. 5f. 5g.	\$\$\$\$\$\$	1,441.29 0.00 0.00 0.00 0.00 0.00 0.00 3.29		\$ \$ \$ \$ \$ \$ \$ \$	N/A N/A N/A N/A N/A N/A	- - - -
6.	Add	the payroll deduction	ns. Add lines 5a+5b+	5c+5d+5e+5f+5g+5h.	6	S.	\$_	1,444.58	_	\$	N/A	-
7.	Calc	culate total monthly ta	<b>ike-home pay</b> . Subtr	act line 6 from line 4.	7	<b>.</b>	\$_	4,074.27		\$	N/A	
8.	List 8a.	<b>profession, or farm</b> Attach a statement fo	ntal property and from	om operating a business, usiness showing gross expenses, and the total	8	sa.	\$	0.00	_	\$	N/A	-
	8b.	Interest and dividen	nds			b.	\$	0.00	-	\$	N/A	
	8c. 8d. 8e. 8f.	regularly receive Include alimony, spot settlement, and proport Unemployment com Social Security Other government a Include cash assistant that you receive, such	usal support, child superty settlement.  ppensation  assistance that you rate and the value (if known as food stamps (bene	own) of any non-cash assistated assistated as a supplemental and a supplemental areas are as a supplemental areas are areas are as a supplemental areas are are areas are areas are areas are areas are areas are areas are are areas are areas are areas are areas are areas are areas are areas are areas are areas are areas are are are areas are are are areas are are are are are areas are	8 8 8 ance	dc. dd. de.	\$ - \$ - \$ -	0.00 0.00 0.00	_ ,	\$ \$ \$	N/A N/A N/A	
		Nutrition Assistance Program) or housing s Specify:		subsidies.	8	f.	\$	0.00		\$	N/A	
	8g.	Pension or retireme	nt income		8	g.	\$	0.00	- 1	\$	N/A	
	8h.	Other monthly incom	me. Specify:		8	h.+	\$_	0.00	+	\$	N/A	
9.	Add	all other income. Add	d lines 8a+8b+8c+8d+	8e+8f+8g+8h.	9	. [	\$	0.00		\$	N/A	
10.		ulate monthly income		2 or non filing angues	10.	\$_		4,074.27 + \$		N/A	= \$	4,074.27
11.	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.0							0.00				
12.				the amount in line 11. The and Statistical Summary of C				,			\$	4,074.27
		30									Combin	
13.	Do y ■ □	ou expect an increase No. Yes. Explain:	or decrease within	the year after you file this	form?							THE COME